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AUTHOR Hunter, George H.
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ABSTRACT

In 1968, a project was undertaken to establish an audiovisual learning resource center within the Dana Medical Library at the University of Vermont. Measures were pursued to increase faculty and student involvement, to expand collections, to organize collections by subject headings, and to formally establish the Office of Instructional Resources. The program became regionally significant when local Vermont and New Hampshire hospitals were outfitted with audiovisual equipment and began to share the software collections of the Dana center. Though restricted by budget, staff, and space constraints, the services provided continued to expand, and plans were made to reach out to audiovisual users in other fields of health science in the future. (EMH)

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ESTABLISHING A LEARNING RESOURCE CENTER IN A MEDICAL LIBRARY

by George H. Hunter
Director of
Biomedical Communications
for Idaho
(formerly Medical Librarian
University of Vermont)

The views expressed in this report are those of the author and do not necessarily reflect policies of the U.S. Department of Health, Education, and Welfare.

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About the Author

Mr. George H. Hunter served as Medical Librarian of the University of Vermont in 1972-73 and directed the development of the audiovisual learning resource center which is documented in this case study. Prior to that period Mr. Hunter held several other librarian positions including that of science librarian at Idaho State College.

Mr. Hunter is a native of Idaho and holds degrees from the University of Washington in Library Science and in Russian History. He presently holds the position of Director of Biomedical Communications for Idaho where his primary interest is in developing a statewide biomedical communications system. This position is an experimental one funded by the National Library of Medicine under the aegis of the Northwest Regional Health Sciences Library.

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ESTABLISHING A LEARNING RESOURCE CENTER IN A MEDICAL LIBRARY

The purpose of this case study report is to provide a direct and accurate account of the problems encountered and the knowledge acquired in the course of establishing an audiovisual learning resource center within the Dana Medical Library of the University of Vermont. It is hoped that this account of our experiences will provide some useful information and guidance to other audiovisual librarians in their efforts to provide improved media services. The education gained through this experience has been distinctly of the "learn by doing" variety and our audiovisual awareness grew in direct relationship to the various stages in the physical development of the audiovisual learning center and in its reception and use.

The original idea for the learning center dates to at least 1966 when a team from the National Medical Audiovisual Center in Atlanta visited the University of Vermont to perform a site survey of the Biomedical Communications program. Among the recommendations made to the College of Medicine were the following:

1. That a Department of Biomedical Communications be established in the College of Medicine consisting of two major components:
    a. Media Production Center
    b. Learning Resource Center (Library)
2. That all instructional spaces be evaluated in respect to audiovisual equipment and improved environmental conditions.
3. That continuing education responsibilities be incorporated into the Department of Biomedical Communications.[1]

The College of Medicine welcomed the report and was convinced of the value of developing an audiovisual program and providing facilities, but funds were not immediately available. However, in 1968 an Office of Instructional Resources was created and a Director hired. An Office of Continuing Education for Health Sciences was already in operation. These two offices and the Learning Resource Center continued as separate bodies, but by then there was no doubt that the audiovisual idea had started to develop.

During the period before the actual implementation of the mediated instructional program, our appreciation of its value was of a purely theoretical nature. It was not hard to understand that a viewer of audiovisual programs might relate more closely to certain types of problems than would be the case if they were presented by other means. Visual

[1] U.S. Public Health Service. Audiovisual Facility. Communicable Disease Center. Atlanta, Georgia, *Report of Survey of Audiovisual Communication Resources and Needs of College of Medicine*, University of Vermont, 1966, p. 11.

media literally make it possible to improve on reality, a large audience can see details otherwise available only to a few, and complexities can be simplified by the use of illustrative overlays, cartoons, and other techniques. All of this was fairly obvious to us from the start, but practical experience has added further and sometimes surprising dimensions to our audiovisual outlook.

Shortly after the appointment of the Director of the Office of Instructional Resources the Dana Medical Library acquired funds to develop an audiovisual capability. The OIR Director and the Medical Librarian worked together in purchasing audiovisual hardware for the use of College of Medicine faculty and students. A year passed before the library gained the extra space that was needed, but rather than wait for that distant day a temporary substitute was found in the conversion of three large carrels in the library proper into nine carrels for audiovisual use. The following equipment was placed in each:

1 – cassette playback tape deck
1 – 4-watt amplifier
1 – headphone
1 – filmstrip previewer
1 – telescreen
1 – super 8 projector

The results of this move were not very impressive at first. It had been necessary to commandeer an additional carrel to serve as an audiovisual office, and this resulted in the loss of valuable student study space. Although the Dana Medical Library is a fairly new building no provision had been made in its design for the housing of audiovisual materials. As usually happens when adequate space is lacking it was contrived somehow, but this resulted in the audiovisual resources spreading rather haphazardly throughout the entire library. Storage problems were further compounded by the generosity of the Office of Instructional Resources in supplying extra audiovisual equipment.

By 1970 we had begun to acquire audiovisual software. We had been warned by the experiences of others that one cannot simply buy software, stuff it into storage bins, and await results, for these results can be guaranteed to be negative. We felt strongly that faculty members must be informed of audiovisual possibilities and involved in program development. In accordance with this conviction, before buying so much as a single film, the audiovisual librarian visited each department in the College of Medicine and the Division of Allied Health Sciences and acquainted them with our audiovisual hopes, plans, and potentials. This served a double purpose. We learned which department heads already were or might become AV-minded, and we secured the faculty involvement which is so necessary to success. Faculty members were invited to submit requests for the purchase of specific materials. To insure instructional quality, no item was to be bought without first being reviewed and approved by two faculty subject specialists. The Director of the Office of Continuing Education for Health Sciences aided us in securing faculty reviewers. The Office of Instructional Resources' Director gave advice to the faculty on the possibilities and advantages of audiovisual materials for classroom instruction, and at the same time urged them to place in the library for student use audiovisual materials owned by the department or by themselves personally. As can be seen from the foregoing, the Office of Instructional Resources, the Office of Continuing Education for Health Sciences, and the Medical Library have enjoyed a close, if informal, working relationship. Such an alliance is of course very dependent upon the personalities of the cooperating members, and it is reassuring that the three directors and their staffs were still working together after three years.

Arousing of faculty interest was our first priority, but with that accomplished we knew that emphasis must then be on satisfying the demands of our clientele. We therefore took special pains to supply answers to inquiries, to maintain an efficient booking and shipping service, to provide training in the use of audiovisual material, and above all to attend to mail promptly. These may appear routine and commonplace, but good public relations do not create a desirable image unless "the goods are delivered."

We found that with the increase in our stock of audiovisual software, faculty and student interest climbed appreciably and our reference service grew to the point that another audiovisual worker was needed. Audiovisual software must of necessity be organized and cataloged. We very soon discovered that the audiovisual world is a jungle compared to the more orderly one of books and journals. Union lists, catalogs arranged by author, title, and subject, catalog information, acquisition sources, and other such needs were virtually non-existent. Our chief cataloger went to Atlanta with our audiovisual personnel to attend workshops at NMAC. On the basis of her study of the NMAC and other systems, our cataloger not only completely cataloged our audiovisual collection, but in addition wrote a manual for the guidance of others faced with a similar task. This was copyrighted, and a notice was placed in the Medical Library Bulletin to say that we would supply copies at cost. In response to requests from all over the United States, we quickly distributed more than 250 copies. This fact alone illustrates the eager welcome with which any signs of order – or reduction of chaos – are currently received by audiovisual workers. The results were similar when we compiled and circulated a list of our audiovisual holdings. Requests for information on audiovisual matters and for loans of material came from all over New England, as well as from more distant states.

The regional impact of our audiovisual program is a result of the joint efforts of the Directors of the Office of Instructional Resources, the Office of Continuing Education for Health Sciences, and the Dana Medical Library with its accompanying Hospital Library Development Service. The improvement of health care in New England is their common goal. We owe the original emergence of Dana Medical Library as a regional audiovisual distribution center to the participation of the Northern New England Regional Medical Program (NNE/RMP) in the Coronary Care Program. NNE/RMP was responsible for the distribution throughout the state of audiovisual hardware and software for use in training for coronary care. We volunteered to undertake the routines of circulating this material, whereupon NNE/RMP turned over to the library its inventory of software. Shortly thereafter, the Directors of the Hospital Library Development Service, the Office of Instructional Resources, the Northern New England Regional Medical Program, and the Office of Continuing Education for Health Sciences met and worked out a Basic Audiovisual Equipment package (BAVE) for the hospital libraries. Every hospital in the state would now be able to acquire on a cost-shared basis its own audiovisual equipment. We had previously learned from a survey of hospitals in Vermont that the majority of them already possessed a 16mm projector, and a slide projector. To round out this equipment and to provide maximum use of the software available the BAVE package included an 8mm projector, a filmstrip projector, a filmstrip previewer, an audio cassette tape recorder, and such additional items as earphones, speakers, and miniscreens.

Twelve Vermont hospitals accepted the BAVE package. We now had a basic group, all with compatible equipment, and we felt that we had made a great step forward. The regional audiovisual network now grew swiftly. Software was in great demand. Commercially produced materials were reviewed by two subject specialists before purchase. These were usually In-Service Personnel or Training Officers in one or another of the hospitals. Our regional circulation figures soon reached 150 to 200 items per month. In January 1972, Dana Medical Library received a resource grant to assist in the

expansion of the Hospital Library Development Service program, with its audiovisual component, into the Connecticut Valley area of New Hampshire. Since then requests from New Hampshire have increased to the point where they equal those from Vermont.

One rather unexpected result of all this welcome growth was that staff members of the Hospital Library Development Service found themselves being turned into audiovisual instructors. There had probably been some vague, theoretical realization that this would come about, but we had no real conception of what our new role would entail. When we first began passing on audiovisual information it was to individual hospital librarians who had come to Dana Medical Library for training. Audiovisual information was included, along with more general library lore. At first, we stressed the technical aspects, starting out with how to thread a machine. We soon found, though, that this was insufficient and that we needed to devote equal time and emphasis to the philosophy of audiovisual use. In many cases we had to begin by convincing a hospital librarian that audiovisual material is not something exotic, but a natural and realistic mode of communication which complements the printed word. Role-playing has become one of the major teaching techniques. An In-Service Director and a Hosptial Librarian may act out a scene in which their need for and use of audiovisual materials is discussed. By this means the hospital librarian could be persuaded to adopt a more assertive attitude in advertising the resources of the hospital library and at the same time shown how this might best be done. In the course of this role-playing, the audiovisual component, the book and journal capacities of the hospital library, and the resources of the Dana Medical Library were all brought out. Stress was laid on the perfectly normal way in which audiovisual materials fit into a regular library situation, and on how unnecessary is the timorous, "We've never done it that way before" attitude. The learning value of a picture over the printed word, in some instances can easily be demonstrated by contrasting the two in an actual situation. The reading of a long and confusing description of a stretcher lift, for example, compared with the viewing of a film on the same subject makes a very convincing demonstration.

This training and instructional work by the Hospital Library Development Service and the head of the audiovisual department constitutes our main public relations activity in this field. The methods described above were used at the Postgraduate Medical Institute's training program and in our own workshops. Talks on the subject have been given at regional and national Medical Library Association meetings. The Directors of the Office of Continuing Education for Health Sciences and of the Office of Instructional Resources are interested in the regional extension of the audiovisual library, and both actively promote it in the course of their work.

In August 1971, the audiovisual department finally moved into its new quarters immediately adjacent to the medical library proper. The space we acquired was not extensive (600 square feet), but the scattered equipment and facilities could now be concentrated in one area, and a vast increase in convenience, comfort, and ease of access resulted.

In spite of the many problems, I feel that it has been a success. We realize that luck has been on our side to an unexpected degree. Funding for audiovisual software and hardware came from the medical library's share of a Special Improvement Grant allowed to the University of Vermont's College of Medicine. The audiovisual activities as well as the Hospital Library Development Service program developed from a desire to pass on medical information to a larger audience. This wish to serve, combined with a naive faith that a program once started would somehow or other manage to keep going, has been the base on which we have built. Careful planning was important, but experience has

strengthened my conviction that flexibility is even more so. Becoming rigidly locked into one specific approach to a problem or situation with no allowance made for the unforeseen is courting eventual failure. One must above all be open to suggestions and criticism from the users of a new program. The previously mentioned BAVE package for hospital libraries, for example, was a planned move on our part, but subsequent demands for specific films came from the user. These requests were strongly oriented towards training in many and varied fields – housekeeping, laboratory techniques, food handling, and the like. We then found ourselves in a position to satisfy the needs of an entirely new public which we could not serve before. In addition to the medical, nursing, housekeeping and religious staff of hospitals, we began to find nursing and convalescent homes, group practice clinics, and even high schools among our customers. These new clients made it necessary to keep careful circulation records and to analyze the statistics. Thus we feel luck, faith, flexibility and careful planning were all integral factors contributing to our success.

The comparative newness of the medical audiovisual library field gave us the inestimable advantage of time in which to try to avoid some of the mistakes which have plagued the academic library world. We could escape the trap of a fossilized system run by and for librarians and making sense to no one else because first of all we could study the reactions of our customers and try to identify with their needs. For some reason audiovisual material seems to arouse a more vigorous response in the viewer than one finds in the average reader of a book or journal. We could gather and consider these responses by means of questionnaires, workshops, training institutes, symposiums, etc., and of course by paying attention to a borrower's simple statement that he was satisfied or not when material was returned. After this information had been evaluated, the results were used, even if it meant making changes that were never anticipated and might not have been chosen voluntarily.

Audiovisual activities at the Dana Medical Library are carried on by a separate department which enjoys equal status with the other departments of the Library. The Hospital Library Development Service and the Audiovisual Department share responsibility for regional affairs with the Medical Librarian managing the long-range planning, and funding and support ventures, while the head of the audiovisual department handles day-to-day operations and supplies the information and ideas needed for the aforementioned planning. Ultimately the audiovisual department will grow into a full-fledged library, with independence in fact if not in name and the status of an equal cooperating partner. However, during the early years of its existence, before it has had a chance to establish its credibility within the University, it seems better that there should be merely an audiovisual department under the wing of the stronger and more firmly established medical library. Even with this arrangement, a sensible administrator will always give a capable department head a great deal of freedom and the opportunity to experiment with new ideas.

The audiovisual department operates with a variety of budgetary support. This has been the case with almost all new projects at the Dana Medical Library. Activity starts as a result of seed money from a grant or grants, and then the project is transferred as soon as possible to the regular library budget. The audiovisual program was supported at its inception by a College of Medicine Special Improvement Grant. This covered hardware, software, and staff salaries. Upon the discontinuance of the grant in July 1972, there followed a financial crisis, precipitating a search for money elsewhere. The regular library budget responded by providing supplies, equipment, office space and fixtures, and the salary of the head of the audiovisual department and one assistant. A Hospital Library Development Service resource grant pays for another assistant. Software purchases for

regional use are supported through a contract with the Director of the Office of Continuing Education in Durham, New Hampshire. Another grant is being sought to provide for an increased staff, software funding, and more equipment. Software bought with grant money must be for regional distribution, but the College of Medicine has recently underwritten the purchase of software for on-campus use.

The audiovisual program is not as secure financially as one would like it to be. Eventually support from the University general library fund will be required. These are rather difficult economic times, and the transfer of audiovisual expenses to the regular library budget will not be easy. In the meantime there is no choice but to seek aid elsewhere.

The budgetary breakdown is as follows:

Salaries – $13,700 (for three)
Audiovisual software – $20,000 (for regional use, of which $2,000-$3,000 is for postage and supplies)
$6,000 (for College of Medicine and on-campus use)
Audiovisual hardware – no additional budget
Operating costs and supplies – $3,000 (from general library budget)
Office space and equipment supplied by regular library budget

The head of the audiovisual department at Dana Medical Library is a library technician rather than the possessor of an M.L.S. Undoubtedly a degree-holding librarian with audiovisual experience would have been hired, if sufficient funding had been available. Since monies were not available we chose to transfer into the position a library technician who had worked with us several years and had varied experience throughout the library. We have no reason to regret our decision, and would encourage others in a similar financial position to do the same. As the department grows and expands it will undoubtedly need a professionally trained person.

Audiovisual hardware holdings include:

12 – audio cassette tape decks
12 – sets of earphones
12 – audio amplifiers
12 – 8mm silent movie projectors
12 – filmstrip reviewers
12 – portable screens (close range)
12 – 35mm slide projectors
2 – 8mm sound projectors
1 – 16mm sound projector
2 – 16mm viewers

Also on loan from the College of Medicine:

2 – language teaching machines
1 – X-ray viewer

There is a total of approximately 900 medical, nursing, and allied health students at the University of Vermont, served by only fifteen audiovisual carrels. This is somewhat mitigated by the fact that the hours at which they are available are generous, from 8:30 a.m. until 1 a.m. The newly constructed School of Allied Health Sciences has additional audiovisual carrels for classroom use.

The software collection consists of 1,118 motion pictures, filmstrips, audiotapes, and 8mm film loops. All are fully cataloged, and the list of holdings is updated every four months. As has already been stated, each of these items was reviewed and approved by subject specialists before purchase. This, however, is only the first step in establishing a useful audiovisual collection. The next step is the careful keeping and study of circulation records. These figures have brought to our somewhat surprised attention the extent of the demand for such film and filmstrip subjects as the care of hospital carpets, hospital fire safety procedures, hospital food handling, and the control of bacteria through equipment cleanliness. Through this new medium we are reaching an audience that has had little opportunity to use a hospital library/doctors' lounge, and even if they did venture into that sanctum in search of information, there would be few answers available in print form.

It was expected, of course, that audiovisual material on the clinical aspects of medicine would be welcomed by hospital staff, and this was confirmed. Coronary care is one of the major commitments of the Northern New England Regional Medical Program, and anything on this subject circulates briskly. Emergency care is another topic generating many questions.

In choosing audiovisual software one must keep the potential viewer firmly in mind. Usually this viewer, or group of viewers, is one specialized segment of the whole group that the audiovisual library is endeavoring to serve. The needs of medical students differ from those of hospital staff, though the basic interests of both are similar. Film purchases on the subject of drugs are an obvious example of the absolute necessity of making choices aimed at a particular group of viewers. The pharmacologist, the social worker, the nurse, and the hospital administrator will all vary in the aspects of this topic that are most important to them in their work, and we must try to find material that will be of value to each, rather than attempt to satisfy everyone with a general presentation that ends by satisfying no one. We must also keep continually alert to the growth of new interests. One such is the exciting new field of Problem Oriented Medical Records, the study of which is now based at the College of Medicine of the University of Vermont.

A collection of audiovisual software is virtually useless unless it is completely cataloged by *subject*. An alphabetical listing is of very limited value, and yet frequently that is all that one finds. The NMAC New England Survey, now underway, will render a great service in creating uniform cataloging entries; all software entries in the region will then follow the NMAC format. The resulting Union List of New England audiovisual resources will fill a very real need. When the New England Center for Continuing Education made a survey of educational needs and training in New England hospitals it identified audiovisual cataloging, as well as evaluative techniques for audiovisual material, as having a very high priority among hospital administrators.

Too much stress cannot be laid on the fact that the introduction of system and method into the still somewhat disorganized audiovisual world should be a major goal. This will gain many new audiovisual users who are now puzzled by all the apparent confusion, if not completely repelled by it. Over the years there has been sporadic and individualized interest in audiovisual material. The results can be found in small, scattered collections in hospitals and other institutions, usually inadequately indexed, and all-too-often neglected and outdated. The contents of many of these collections could still be of use if they were uniformly cataloged and made part of a larger system such as the audiovisual department of a medical library.

As time passed we were able to assess our strengths and weaknesses. Our weaknesses were mainly lack of money and lack of space. We solved some money problems by relying

on grantsmanship. We didn't particularly like doing this but grants are sometimes the only way either to start or to expand a new venture. Soon more funds were needed for expansion and consolidation.

Our space problems became almost more serious than our financial troubles. The Dana Medical Library was not constructed with future audiovisual operations in mind. The 600 square feet of space, which solved our early problems and which seemed such a boon when we acquired it, will in a very short time be entirely inadequate. It simply will not suffice for future staff increases and the growth of our software and hardware collections. With regard to staff alone, we will soon need a shipping and receiving clerk, a repair and maintenance technician, and a reference librarian. Long range developments will hopefully envision the construction of an audiovisual library of from 12,000 to 16,000 square feet. Some preliminary drawings have already been made and brought to the attention of the Dana Medical Library Committee.

Staff shortages can be partly attributed to lack of space in which to house more people, partly to lack of money with which to pay more people. One of our most pressing needs is for a regional audiovisual consultant. The regional service aspects of our work are our combined pleasure and pain. We are excited by the growth that we have made and by the enthusiastic response that we have received, but feel a certain desperation at times when we consider the limited resources available to overcome all the problems.

We have been fortunate in having the unanimous backing of the Medical Library Committee for our on-campus audiovisual activities, and they have requested funds for us for software purchases. They give general but more restrained approval to the regional aspects of our work. This, however, is easily understandable. Cost factors loom larger now than they did in easier economic times. Thanks to the good will of the Office of Instructional Resources, we are well equipped with audiovisual hardware. We do regret, though, that we have not as yet been able to venture into videocassettes, especially as their use is increasing so fast. Also, additional maintenance tools soon became a necessity.

Software funding has been quite good for the first three years. Our collection grew in that time to over 1,000 items, and we expect to add another 500 during the next year. We believe that our system of specialist reviewers has justified itself, both from the point of view of faculty involvement and in the quality of our purchases. We are gratified too at the variety of our clientele and the wide subject spread of the material which we now have available for them. One of the cornerstones of our progress has been the presence of a capable cataloger who can devise an audiovisual cataloging manual and oversee the cataloging of our holdings and the publication of a periodically updated holdings list.

We have been interested in learning, through the evidence of circulation records, of the geographical extent of our service. The majority of borrowers are naturally in Vermont, with New Hampshire ranking second. The states of Maine, Connecticut, New York, and Massachusetts follow, but we have also received requests from California, Georgia, South Carolina, and Wisconsin. Contacts have been made with each hospital in Vermont and in the part of New Hampshire adjacent to the Connecticut River. No business has been solicited outside this area. Circulation in other states came spontaneously. It follows that the mounting of a systematic and thorough audiovisual campaign could draw all of New England into an audiovisual network. This six-state region is in fact beginning to cooperate, and an initial grant proposal has been written and approved.

In forecasting the future, we must of necessity separate on-campus prospects and regional prospects. The use of audiovisual materials by the College of Medicine of the University of Vermont is increasing steadily. As with other innovations, there tends to be easier acceptance and greater utilization of audiovisual opportunities by the younger members of the faculty. However, new habit patterns have a way of spreading gradually throughout a whole community, and we anticipate a regular and continuous growth in the demand for our services.

The Office of Instructional Resources enjoys solid administrative support and is accepted by increasing numbers of the faculty. This support is of benefit to the medical library audiovisual department. Our debt to them for equipment has already been mentioned, but in addition there is the stimulating cross-fertilization of ideas which results when two closely cooperating groups approach the same problem from different angles. The future of the OIR as a production unit will also be of importance to us, both for new material and for revision of older work.

In the regional picture, the potentials are great, but the hazards are great as well. It is always difficult to draw numbers of institutions and people together into some sort of mutually beneficial working unit. We do feel, though, that we have made a good beginning towards achieving this. A reasonable forecast of our regional future envisions a cooperative and coordinated audiovisual network in New England, with the New England Center for Continuing Education at Durham, New Hampshire acting as the information and coordinating agent; Dana Medical Library acting as the regional resource center for the distribution of audiovisual software; and the Biomedical Communications Center in Hartford, Connecticut and the Office of Instructional Resources at the University of Vermont's College of Medicine acting as audiovisual production resource centers.

A common agreement has been reached among New England audiovisual groups that a consortium approach is essential to success, with decisions being arrived at through consensus rather than unilaterally. Future plans include the expansion of the Resource Committee of the Office of Continuing Education at Durham, New Hampshire. Additional members would be drawn from hitherto largely unrepresented groups such as audiovisual technicians, and librarians from medical schools, hospitals, and other institutions using similar audiovisual materials. The Committee would review audiovisual statistics, reports, suggestions, and criticisms emanating from throughout New England. It would then formulate regional plans, which would be passed on to the Executive Subcommittee and a Regional Audiovisual Consultant for implementation.

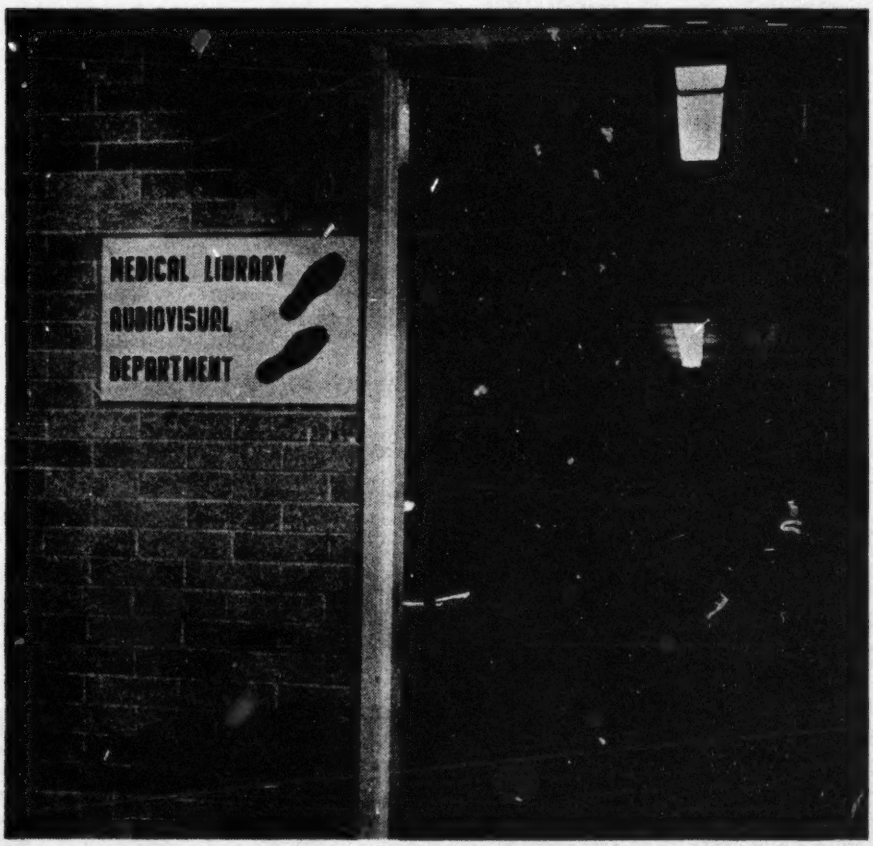
Under this plan the Resource Committee, its Executive Subcommittee, and the Regional Consultant would become the basis of regional development. In addition, institutional audiovisual users would be encouraged to form their own local organizations and to pass on to the Resource Committee their views, criticisms, and proposals. In general, regional activities tend to fail badly in the area of communication and of public discussion of mutual problems. We are working hard to overcome some of these blocks to full cooperation and understanding. Our aim is not for a rigidly uniform audiovisual system throughout all areas of New England, but rather for the convenience which will arise from a general compatibility of hardware and software, cooperative acquisitions, the growth of new audiovisual distribution centers, and a future based on consensus planning.

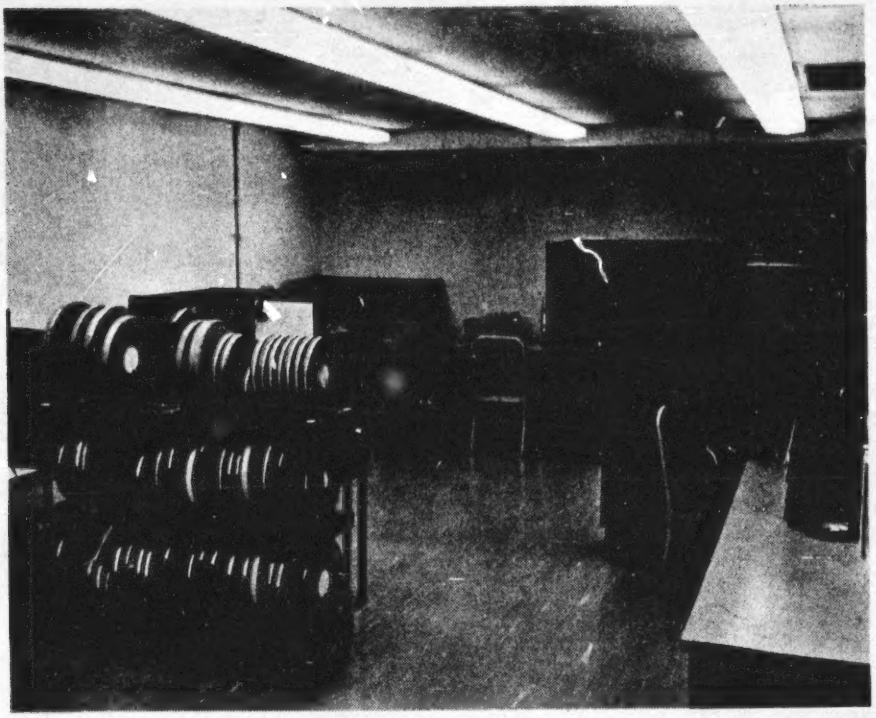
We have let forecasts of the audiovisual users of the future remain until the last, but they are, or should be, the focus of our attention. We have only begun to touch the needs

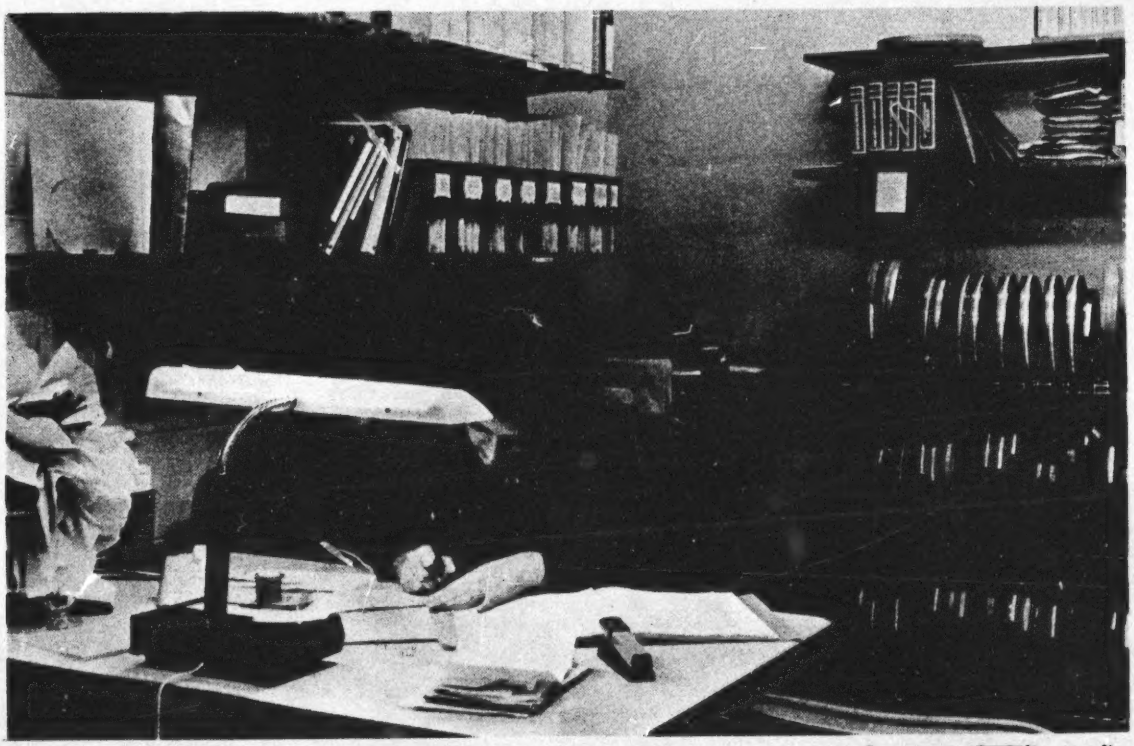
of such hitherto neglected fields as nursing and convalescent homes, the non-medical staff of hospitals, preventive dentistry, para-medical workers, and many more. The medical profession is becoming increasingly interested in the education of the public in health matters, and this can be expected to lead to a further expansion in audiovisual use, as can the general awareness of such socio-medical problems as illicit drugs, venereal disease, and chronic illness.

Expansion of audiovisual circulation will come in part from the identification of new audiences, followed by promotional activities acquainting them with what we have to offer. These efforts must become more systematized and regional in scope. We are currently in the process of forming a regional audiovisual data bank. To this end a survey is underway to discover audiovisual subject interests and training and instructional needs, and also to establish what groups, institutions, and individuals are working in the field. We are also making an inventory of audiovisual medical software and hardware holdings throughout New England. The findings of such a survey will of course soon become obsolete, but the hope is that it will be succeeded by a permanent regional audiovisual data bank.

We admit that we are optimistic, but we hope not blindly so. As justification we offer the fact that the New England region is working together, strengths and weaknesses have been identified, and the organizational plans to implement our consortium have been approved.

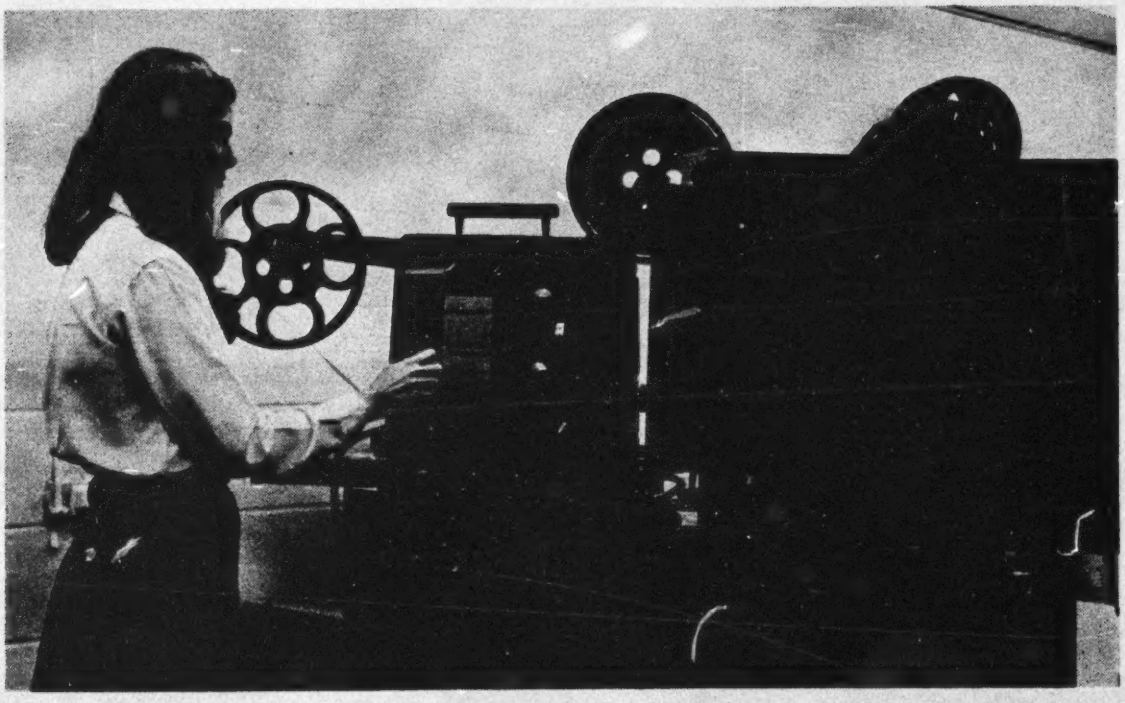




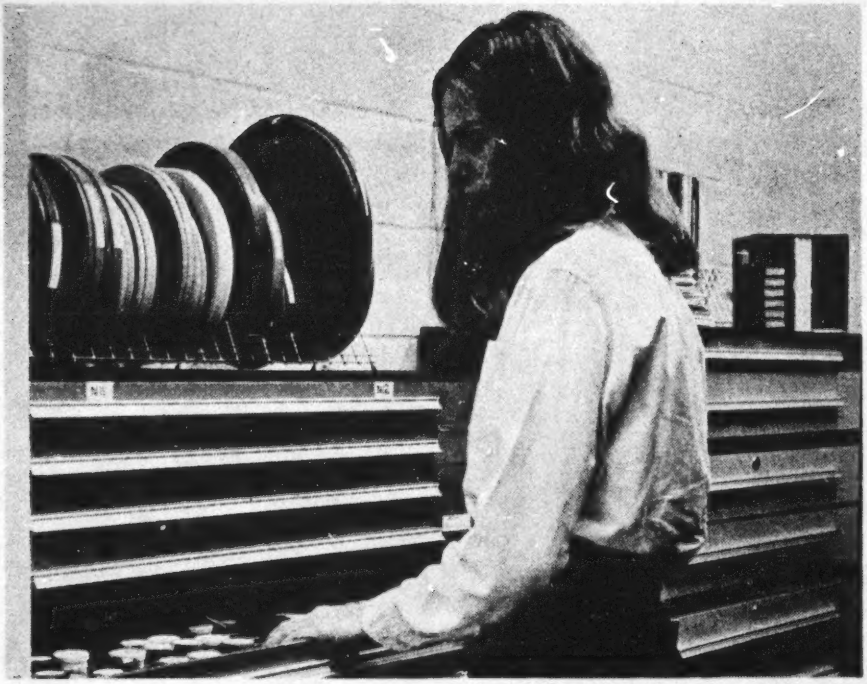


Secretary scheduling media

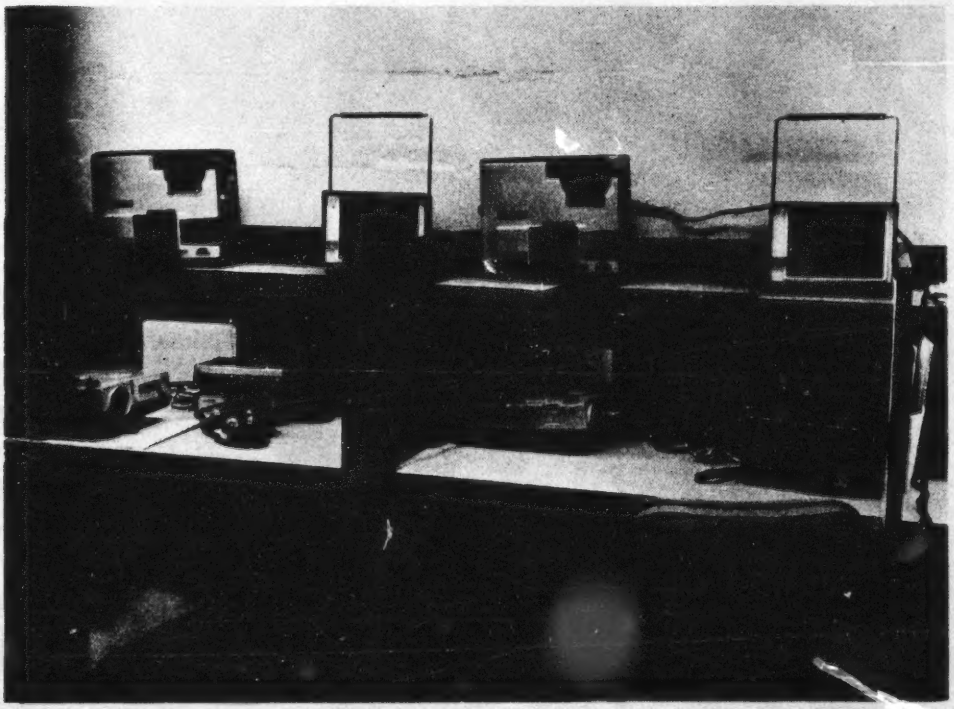
Student looking at slide collection



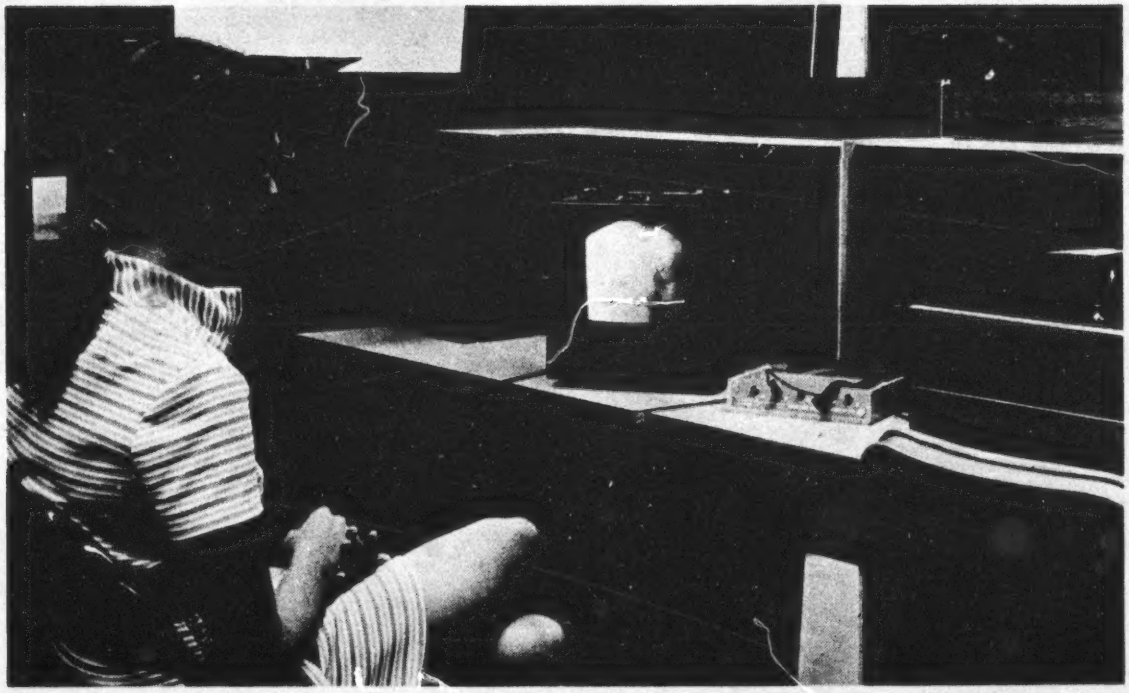
16 mm. projector and viewing screen for individual or small group viewing



Librarian with drawer of filmstrips

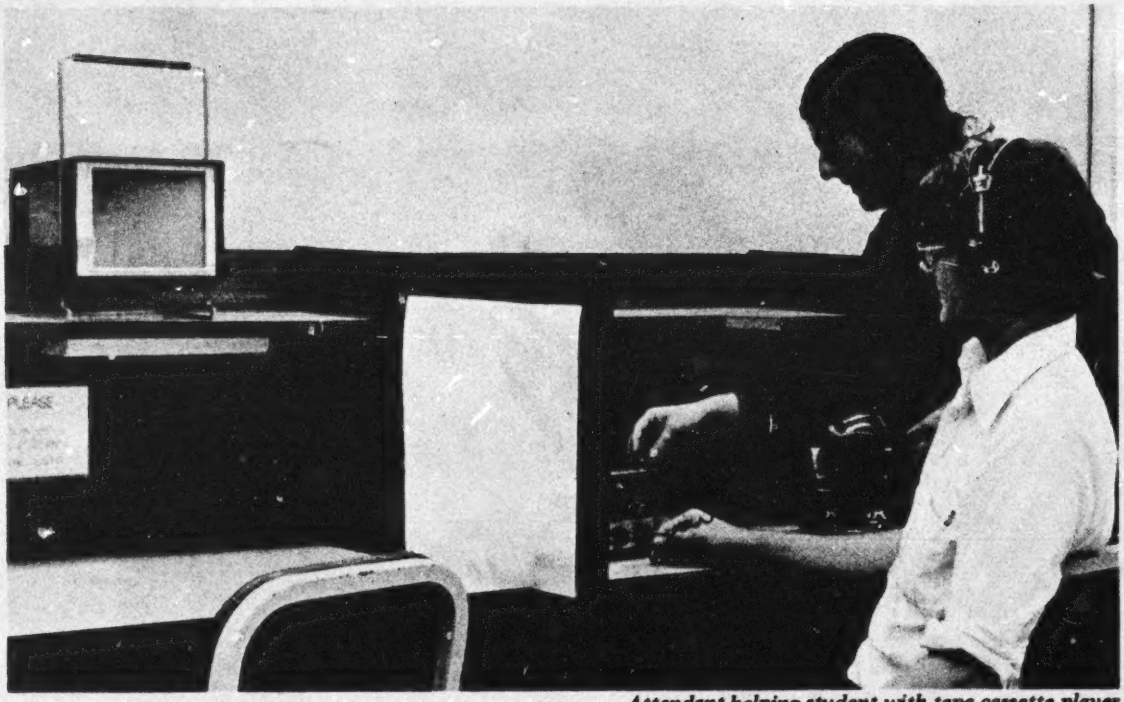


Audiovisual carrels

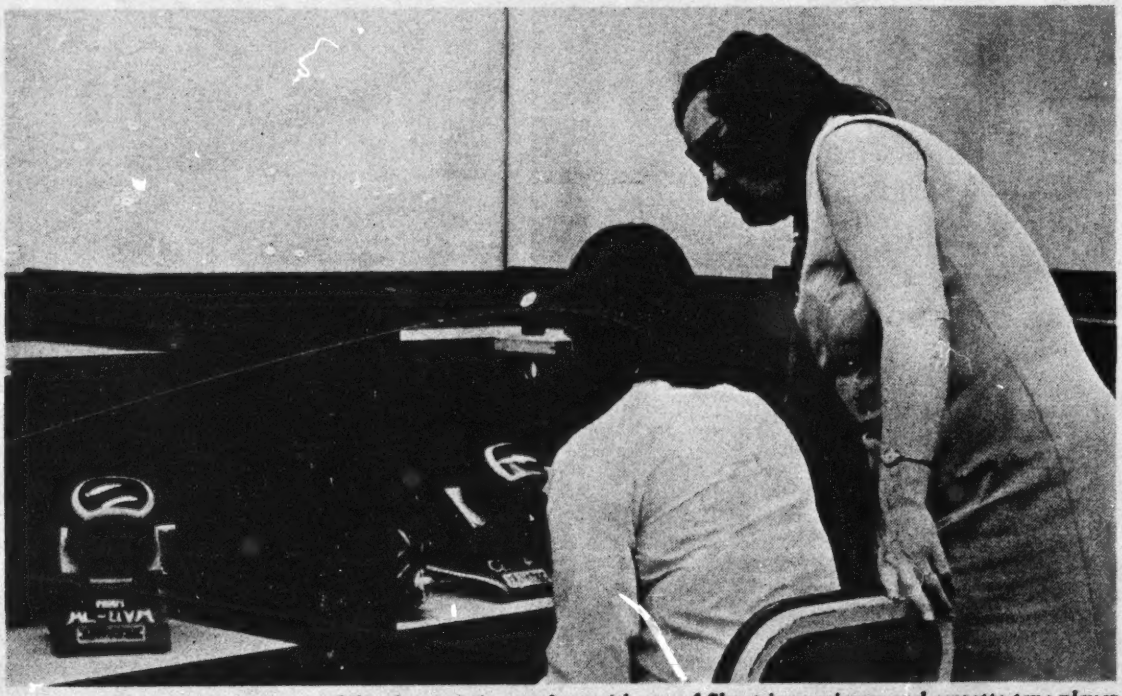


Student watching video tape on monitor

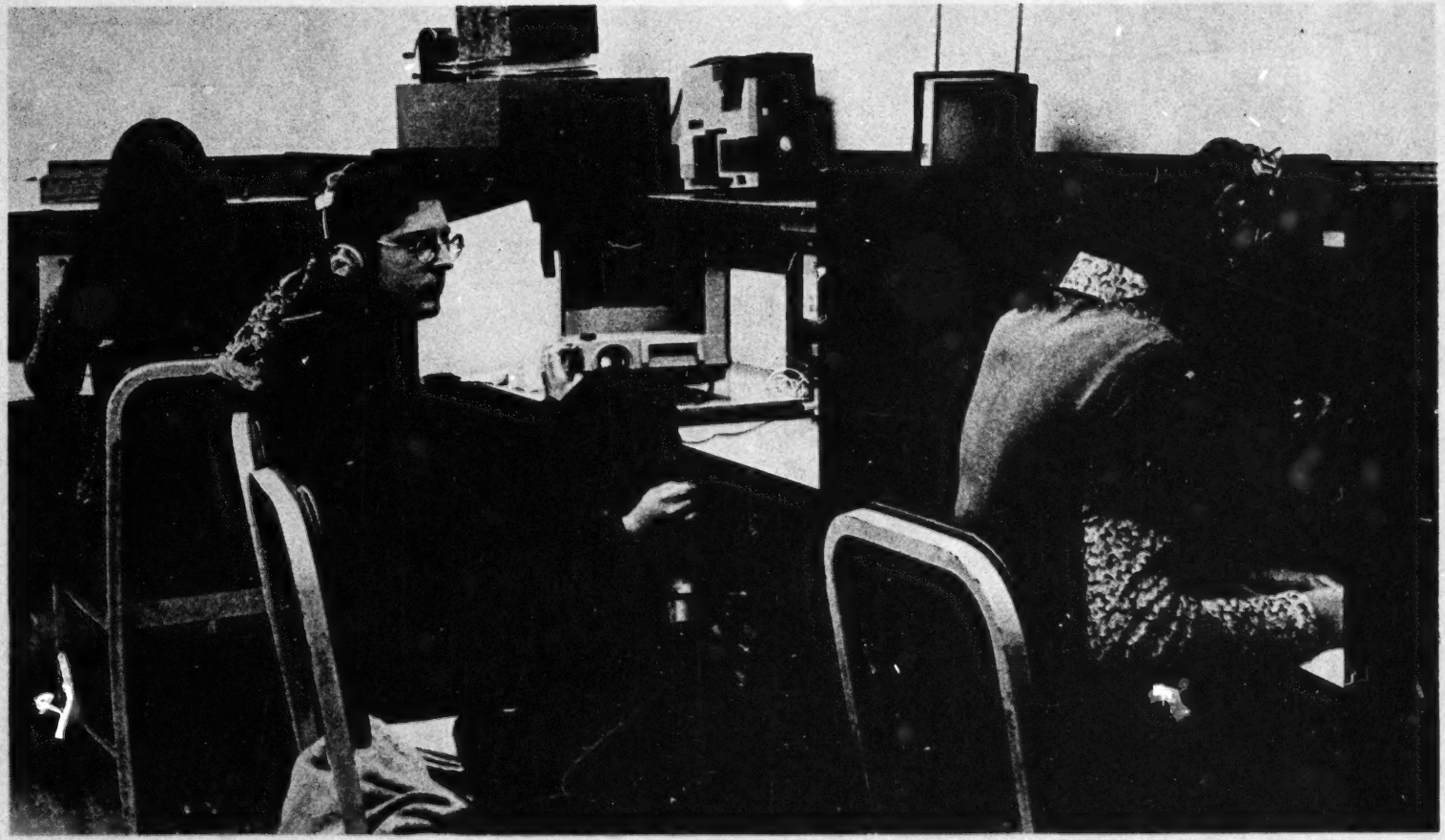
Librarian threading 16 mm. projector for students who will view film on screen and listen to sound with earphones.



Attendant helping student with tape cassette player



Librarian assisting student with use of filmstrip previewer and cassette tape player



Students making individual use of carrels. One listening to a tape, next using slides and a tape, next using filmstrips and tape.

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